

# MINUTES

## Patient-Centered Health Advisory Council

West Des Moines Learning Resource Center

Friday, February 8, 2019

9:00 – 3:00

### Members Present

**Anna Coppola**- *Community Advocate*  
**Sarah Dixon**- *Iowa Collaborative Safety Net Network*  
**Chris Espersen**- *Independent Healthcare Consultant*  
**Caitlin Pedati**- *State Epidemiologist*  
**Mary Nelle Trefz**- *Child & Family Policy Center*  
**Brenda Payne**- *Iowa Psychological Association*  
**Trina Radske-Suchan**- *Iowa Physical Therapy Association*  
**Peter Reiter**- *Internal Medicine*  
**Lynn Boes**- *Iowa Nurses Association*  
**Shayan Sheybani**- *Iowa Chiropractic Society*  
**John Swegle**- *Iowa Pharmacy Association*

### Members Absent

**Marsha Collins**- *Iowa Physician Assistant Association*  
**Ro Foege**- *Consumer*  
**Kimberly Howard**- *Dental Hygienist*  
**Anne Hytrek**- *Iowa Academy of Nutrition and Dietetics*  
**Jessie Marks**- *Child Health Specialty Clinics*  
**Leah McWilliams**- *Iowa Osteopathic Medical Association*  
**Marguerite Oetting**- *IA Chapter of American Academy of Pediatrics*  
**Kady Reese**- *Iowa Healthcare Collaborative*  
**Yogesh Shah**- *Palliative Care Physician*  
**Dave Smith**- *Iowa Department of Human Services*  
**Bill Stumpf**- *Disabilities Advocate/Consumer*

### Others Present

**Amy Shriver** – *Blank Children's Hospital*  
**Angie Doyle Scar**- *Iowa Department of Public Health*  
**Anne Disher** – *Child & Family Policy Center*  
**Annie Wood**- *EveryStep*  
**Gloria Symons** – *Mid-Iowa Community Action*  
**James Olson**- *Iowa Department of Public Health*  
**Janet Beaman** - *Iowa Department of Public Health*  
**Kathy Karn** - *Iowa Department of Public Health*  
**Marcus Johnson-Miller**- *Iowa Department of Public Health*  
**Michelle Holst**- *Iowa Department of Public Health*  
**Paula Noonan** – *Polk County Medical Society*  
**PJ West** - *Iowa Department of Public Health*  
**Sandi Hurtado-Peters**- *Iowa Department of Management*  
**Sheryl Marshall**- *Telligen*  
**Suzanne Mineck** – *Mid-Iowa Health Foundation*  
**Sylvia Navin**- *Iowa Department of Public Health*  
**Tracy Rodgers** - *Iowa Department of Public Health*

**\*Patient-Centered Health Advisory Council Website:**

<http://idph.iowa.gov/ohct/advisory-council>

### Meeting Materials

- [Agenda](#)
- [Iowa Title V Child and Adolescent Health Program- PPT](#)
- [1st Five - PPT](#)
- [Family Support in Iowa- PPT](#)
- [Child Health Opportunity Scorecard- PPT](#)
- [Child Opportunity Scorecard - Handout](#)
- [Early Brain and Child Development- PPT](#)

Topic	Discussion
<p><b>Iowa Department of Public Health's Child Health Programs</b></p> <p>Janet Beaman</p> <ul style="list-style-type: none"> <li><a href="#">Iowa Title V Child and Adolescent Health Program- PPT</a></li> </ul> <p>Michelle Holst</p> <ul style="list-style-type: none"> <li><a href="#">1st Five - PPT</a></li> </ul> <p>PJ West</p> <ul style="list-style-type: none"> <li><a href="#">Family Support in Iowa- PPT</a></li> </ul>	<p><b><u>Title V Child and Adolescent Health Program</u></b></p> <ul style="list-style-type: none"> <li>• "Title V" refers to <a href="#">Title V of the 1935 Social Security Act</a>, which is federal legislation dedicated to promoting and improving the health of mothers and children.</li> <li>• The Title V Program has two components including Maternal Health and Child and Adolescent Health. The program promotes the health of pregnant women and children and by facilitating access to preventive health services, especially for low-income families and those with limited access to health services.</li> <li>• Funding for the Title V Program comes from the Department of Health and Human Services and is block granted to state health departments. States match three dollars for every four dollars in federal funds. In Iowa, 37 percent of funds are for children and youth with special health care needs.</li> <li>• <a href="#">Iowa's Child and Adolescent Health Program</a> promotes regular preventive health care services for children and youth ages 0 to 22 years. It includes preventative oral health services and referrals to dental homes through the I-Smile™ Program. The Child and Adolescent Health Program is administered through 23 contracts with local community-based agencies</li> <li>• <a href="#">EPSDT</a> is the Early Periodic, Screening, Diagnosis and Treatment program for children who are enrolled in Medicaid. The focus of this program is to assure that eligible children ages birth through 20 years receive preventive health care services, including oral health care. In Iowa, the EPSDT program is called <i>Care for Kids</i>. EPSDT <i>Care for Kids</i> services are free to children enrolled in Medicaid. <ul style="list-style-type: none"> <li>○ <b>E</b> = Identifying problems early, starting at birth</li> <li>○ <b>P</b> = Checking children's health status at periodic age-appropriate intervals</li> <li>○ <b>S</b> = Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems</li> <li>○ <b>D</b> = Performing diagnostic tests when a risk is identified</li> <li>○ <b>T</b> = Treating problems identified</li> </ul> </li> <li>• The <a href="#">Iowa Periodicity Schedule</a> provides a one-page summary of the ages at which recommended health screening services are to be provided as a child grows. These guidelines are based upon <a href="#">Bright Futures</a>: Guidelines for Health Supervision of Infants, Children, and Adolescents, 4th Edition, adopted by the American Academy of Pediatrics (AAP) and supported by Iowa's Chapter of the AAP.</li> <li>• The <a href="#">I-Smile™ Program</a> develops infrastructure to expand access to dental services. It is a statewide program that offers: <ul style="list-style-type: none"> <li>○ Screenings: Based on Risk Assessment</li> <li>○ Prophylaxis</li> <li>○ Sealants</li> <li>○ Oral evaluation and counseling with primary caregiver (for under 3 years of age)</li> <li>○ Fluoride varnish</li> <li>○ Nutrition counseling for the control and prevention of oral disease</li> <li>○ Oral hygiene instruction</li> </ul> </li> <li>• Additional Child and Adolescent Health Program Initiatives include: <ul style="list-style-type: none"> <li>○ <a href="#">hawk-i Outreach</a>: Outreach to encourage enrollment in Medicaid and <b>hawk-i</b></li> <li>○ <a href="#">Early ACCESS</a> for children ages 0-3 years: Focus on developmental testing, referral to AEA, and developmental monitoring for those that do not qualify</li> <li>○ <a href="#">Healthy Child Care Iowa</a>: Child care nurse consultation promoting health and safety in child care settings</li> </ul> </li> <li>• Discussion took place regarding the challenges Iowa's Maternal and Child Health (MCH) Agencies are facing around funding and staffing. Managed Care Organizations (MCOs) are providing part of the care coordination that MCH Agencies provided in the past.</li> </ul>

### **Iowa's 1<sup>st</sup> Five Healthy Mental Development Initiative**

- Iowa's [1st Five Healthy Mental Development Initiative](#) (HMDI) builds partnerships between physician practices and public service providers to enhance high quality well-child care. 1st Five promotes the use of developmental tools that support healthy mental development for young children during the first five years. By using a tool for all children that includes social-emotional development and family risk factors, providers are able to identify children at risk for developmental concerns that, if left untreated, would play out later in life.
- Some examples of the connections that 1<sup>st</sup> Five HMDI will make for families include:
  - Early Intervention & Evaluation Services
  - Developmental Delay
  - Speech Therapy
  - Occupational Therapy
  - Physical Therapy
  - Financial Stress
  - Family/Relationship Stress
  - Domestic Abuse
  - Child Care
  - Head Start & Preschool
  - Family Support Services
  - Housing Resources
  - Maternal/Caregiver Depression
  - Mental Health Issues
  - Behavior Issues
  - Parent Education Programs
  - Food Assistance
  - Family Planning
  - Medicaid/Dental/*hawk-i* Insurance Needs
  - Substance Abuse
  - Transportation Concerns

### **Family Support Programs/Home Visiting**

- [Family support programs](#), known also as home visiting programs, share information and advocate for families. Family support programs provide skills related to parenting, child development milestones, developing problem solving techniques, and strengthening family relationships. These programs take place within the family's own home and the program is focused on the family's needs. These in-home visits allow for strong relationships to be formed.
- Family support programs promote resiliency and ensure children are safe, healthy, and ready to succeed in school. Programs are evaluated and have shown to improve birth outcomes, increase parental confidence, encourage family economic success, strengthen home learning environment, and build community support. Family Support is available in all of Iowa's 99 counties. A map with available services can be accessed here: <https://www.iafamilysupportnetwork.org/family-support>
- MIECHV is the Maternal, Infant and Early Childhood Home Visitation program which is designed to improve outcomes for at-risk children and families through evidence-based home visiting programs. MIECHV coordinates work at the federal, state, and local levels. The program was established in 2010 and is administered by the Health Resources and Services Administration (HRSA) and the Administration for Children and Families (ACF). MIECHV grants are made to states and tribal communities to deliver effective evidence-based early childhood home visiting programs to pregnant women, expectant fathers, and parents and primary caregivers of young children birth to kindergarten entry in communities identified through statewide needs assessments as being at risk.
- The [Iowa Family Support Network \(IFSN\)](#) is a website which includes information and referral for Early ACCESS, IDEA Part C services, along with Family Support Services and Group Based Parenting Programs. The IFSN website contains a statewide Resource Directory, Statewide Events, National Resources, and Projects and Research related to early childhood including early intervention.
- [Group-based parent education programs](#) provide support and education in a group setting, helping parents acquire skills to help their child reach developmental success.
- The [Children at Home Program](#) is designed to assist families in securing the services and supports to help children remain at home.

<p><b>Child Health Opportunity Scorecard</b></p> <p>Anne Discher - Child &amp; Family Policy Center</p> <p>PowerPoint:</p> <ul style="list-style-type: none"> <li>• <a href="#">Child Health Opportunity Scorecard- PPT</a></li> </ul>	<ul style="list-style-type: none"> <li>• The <a href="#">Child Opportunity Scorecard</a> is a series of 10 indicators that give a picture of how well Iowa is doing regarding the needs of children. It is coordinated through the Child &amp; Family Policy Center. The 10 indicators include: <ul style="list-style-type: none"> <li>○ <b>Access to Health Care:</b> Children covered by health insurance</li> <li>○ <b>Early Intervention:</b> Children receiving developmental screenings</li> <li>○ <b>School Success:</b> 4<sup>th</sup> grade reading proficiency</li> <li>○ <b>Economic Opportunity:</b> Unemployment</li> <li>○ <b>Community Connections:</b> Parents say neighborhood is supportive</li> <li>○ <b>Engaged Caregiver:</b> Maternal depression</li> <li>○ <b>Safety at Home:</b> Foster care placement</li> <li>○ <b>Overcoming Challenges:</b> Family shows resilience</li> <li>○ <b>Assets for Financial Security:</b> Home ownership</li> <li>○ <b>Meets Basic Needs:</b> Child poverty</li> </ul> </li> <li>• The presentation includes Iowa data related to the indicators. Disaggregating the data by race/ethnicity can give a different picture and this information is very valuable when looking at the population.</li> </ul>
<p><b>Brain Science 101</b></p> <p>Dr. Amy Shriver - Blank Children's Hospital</p> <p>PowerPoint:</p> <ul style="list-style-type: none"> <li>• <a href="#">Early Brain and Child Development- PPT</a></li> </ul>	<ul style="list-style-type: none"> <li>• This presentation went into detail on the critical elements of Early Brain and Child Development (EBCD). The importance of EBCD was emphasized. The brain is hard wired for social, emotional, intellectual and developmental trajectories by age five. What happens early on in life affects all aspects of a child's development. The first 1000 days is a window of opportunity that can greatly influence health and the ability to grow and learn. A number of key concepts were explained regarding EBCD and toxic stress: <u>Key Concept 1: Genes plus experience shape the developing brain</u> <ul style="list-style-type: none"> <li>• The healthy development of children provides a sturdy foundation for responsible citizenship, strong communities, and sustained economic prosperity.</li> <li>• Recent scientific advances are driving a paradigm shift in the understanding of how child development impacts human health and disease across the lifespan. Early social and environmental experiences and the genetic predispositions influence the development of adaptive behaviors, learning capacities, lifelong physical and mental health, and future economic productivity.</li> <li>• Studies show that parental stress during a child's early years can leave an imprint on their genes that can last into adolescence and may affect how genes are expressed later in life.</li> <li>• Development results from an ongoing, reiterative, and cumulative dance between nurture and nature. Creating the right conditions for early childhood development is likely to be more effective and less costly than addressing problems at a later age. Ultimately, the positive, nurturing relationships in a child's life can impact their developmental progression, and, in turn, impact their opportunities for the future.</li> <li>• Life course science looks at an individual's development over time, considering the various risk factors they face and the protective factors that support them. Essentially, the more children have protective factors to push against risk factors, the more likely they are to have a positive developmental pattern of growth. Therefore genetics and environment work together to set a path for a child's development and the relationships they have to promote those protective factors can set the stage for important development and growth.</li> </ul> </li> <li>• <u>Key Concept 2: Childhood adversity has lifelong consequences</u> <ul style="list-style-type: none"> <li>• Significant adversity in childhood is strongly associated with unhealthy lifestyles and poor health decades later. Three different types of stress were described. Stress is a critical part of life. Without any form of stress, children would not form the capacity to cope with challenges. Positive or tolerable stress is the kind of stress that most people endure. A critical component of each are the supports in a child's life that make the stress manageable. Toxic stress is the form of stress that can have significant, negative impacts on child development. Toxic stress in early childhood shapes the capacity of the brain and is associated with persistent effects on the nervous system and stress hormone systems</li> </ul> </li> </ul>

	<p>that can damage developing brain architecture and lead to lifelong problems in learning, behavior, and physical and mental health.</p> <ul style="list-style-type: none"> <li>• The ACE study is one of the largest studies that has assessed associations between childhood maltreatment and later health and well-being. Findings suggest that certain experiences are major risk factors for illnesses and poor quality of life.</li> </ul> <p><u>Key Concept 3: Responsive caregiving is the most important buffer for toxic stress</u></p> <ul style="list-style-type: none"> <li>• Social-emotional buffering is the primary factor distinguishing tolerable from toxic level of stress. A number of desirable protective factors were described. These desired protective factors are the things public health professionals can consider when thinking about early brain and child development. When families do not have these elements in their lives, they may need referrals to community agencies who can help build these protective factors.</li> </ul> <p><u>Key Concept 4: What can you do to make it better?</u></p> <ul style="list-style-type: none"> <li>• Discussion took place around educating trainees, parents, child care providers, teachers, policymakers, civic leaders, and public about toxic stress and resilience. Leaders should support the development and implementation of interventions that prevent and reduce toxic stress.</li> <li>• The <a href="#">American Academy of Pediatrics (AAP) created a resource</a> on strategies to promote early brain and child development during the first 1,000 days of a child's life. This tool offers concrete strategies by age and the kind of support that can be given.</li> <li>• The <a href="#">AAP's Periodicity Schedule for Recommendations for Preventive Pediatric Health Care</a> services provides several opportunities for primary care pediatricians to promote early brain development as well as assess for development, behavioral, and social-emotional concerns.</li> </ul>
<p><b>Important Policy Levers for Child Health</b></p> <p>Mary Nelle Trefz - Child and Family Policy Center</p>	<ul style="list-style-type: none"> <li>• Three elements of brain science that were highlighted include which tie into how policy can help support healthy brain development. These elements include: <ul style="list-style-type: none"> <li>○ <b>Air Traffic Control:</b> This is a metaphor used when referring to the “executive function” of a child's brain. It is the mental process that enables people to plan, focus, and juggle tasks. Just as air traffic control at a busy airport manages the arrivals and departures of many aircraft of multiples runways, the brain needs these skills to filter distractions, prioritize tasks and achieve goals. Adults help children develop executive function by establishing routines and modeling social behavior. Toxic stress impairs development of executive function.</li> <li>○ <b>Serve and Return:</b> The brain is shaped by responsive relationships. Young children naturally reach out for interaction by babbling, making faces and gesturing. In a supportive environment adults respond in kind. These “serve and return” interactions are essential for healthy brain circuits.</li> <li>○ <b>Toxic Stress:</b> Some kinds of stress are normal and essential for development. Toxic stress occurs when a child experiences frequent or prolonged adversity without adequate support, which can disrupt brain development.</li> </ul> </li> <li>• <a href="#">Adverse childhood experiences (ACEs)</a> are incidents during childhood that harm social, cognitive and emotional functioning. Frequent or prolonged exposure to such events creates toxic stress that damages the architecture of the developing brain. A 2016 study found more than half of Iowa adults reported experiencing at least one ACE and 15 percent experienced four or more. Iowa adults who report experiencing four or more ACEs compared to those with none are: <ul style="list-style-type: none"> <li>○ About two times as likely to have diabetes</li> <li>○ Over three times as likely to have a stroke</li> <li>○ Six times more likely to be diagnosed with depression</li> </ul> </li> <li>• A number of programs at the federal level that support children's health were described: <ul style="list-style-type: none"> <li>○ Medicaid &amp; CHIP: Mary Nelle Trefz stressed the fact that over half of all Medicaid enrollees are children. Children are not what people typically think of when they hear the term “Medicaid”. It was mentioned that in Iowa, 38 percent of children on</li> </ul> </li> </ul>

	<p>Medicaid or CHIP experienced two or more adverse family experiences, compared to only 10 percent of those with private insurance.</p> <ul style="list-style-type: none"> <li>- Mary Nelle Trefz highlighted a common issue where children in Iowa are experiencing barriers accessing habilitative speech therapy. This is due to the definition of “medically necessary” resulting in children only be eligible for speech therapy if they, for example, had a stroke or a traumatic brain injury, opposed to a developmental delay. This is one example of how fitting children into an adult-structured program is not always effective.</li> <li>- Marcus Johnson-Miller mentioned similar examples related to certain preventative services not being covered under the “medically necessary” definition.</li> <li>- A question was asked regarding what other states have done related to this issue. There are other states that incorporate social determinants of health as a basis for medically necessary. However, it is very difficult for health insurers from an actuary standpoint to do this. There is a larger investment in the beginning related to these preventative services that yield in long-term savings in the future. New York has launched a <a href="#">First 1,000 Days on Medicaid Initiative</a> to ensure their Medicaid program is serving children adequately. The initiative developed <a href="#">ten recommendations</a> through a multi-sector stakeholder workgroup.</li> </ul> <ul style="list-style-type: none"> <li>o Earned Income Tax Credit (EITC): The EITC is a proven strategy to help working parents make ends meet, including meeting basic needs like child care and transportation so they can remain employed- and their families stable.</li> </ul>
<p><b>Social Determinants of Health Impacts on Children</b></p> <p>Suzanne Mineck - <i>Mid-Iowa Health Foundation</i></p>	<ul style="list-style-type: none"> <li>• The <a href="#">Mid-Iowa Health Foundation</a> serves as a catalyst and partner for improving the health of vulnerable people in great Des Moines. They create opportunities and reduce barriers to ensure healthy development for the community’s most vulnerable children and youth.</li> <li>• The three main focus areas in their grant portfolio related to children and social determinants of health are to: <ul style="list-style-type: none"> <li>o Foster Community</li> <li>o Ensure Access</li> <li>o Reduce Adversity</li> </ul> </li> <li>• Suzanne Mineck described a Children’s Health Philanthropy Board that has been created to identify what the areas of greatest concern are for youth. The Board is made up of high school students and their focus over the past year has been on mental health and sexual health.</li> <li>• Mid-Iowa Health Foundation launched a HealthConnect Fellowship which brings together key leaders in the community to advance the upstream, system-level changes necessary to more adequately address social determinants of children’s health. Seven fellows were selected to participate in the initiative. The seven Fellows were selected because of their demonstrated expertise and dedication to the advancement of policies and practices that address children’s’ health barriers.</li> </ul>

### 2019 Meeting Schedule

- **Friday, May 3 location at the West Des Moines Learning Resource Center**
- **Friday, August 16 location TBD**
- **Friday, November 8 location TBD**